

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 1 — 0 2 8

2. STATE:

Arkansas

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

December 1, 2001

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 440.130(d)

7. FEDERAL BUDGET IMPACT:

a. FFY 2002 \$ -0-  
b. FFY 2003 \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, Page 6b

Attachment 3.1-B, Page 5e

Attachment 4.19-B, Page 5a \*  
\*9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Same, Approved 02-01-00, TN 99-27

Same, Approved 02-01-00, TN 99-27

Same, Approved 02-04-00, TN 99-26

10. SUBJECT OF AMENDMENT:

The Arkansas Title XIX State Plan has been amended to add reimbursement to a board certified psychiatrist in the Rehabilitative Services for Persons with Mental Illness (RSPMI) Program for patient visits in acute care hospitals.

11. GOVERNOR'S REVIEW (Check One):

- ☒
- GOVERNOR'S OFFICE REPORTED NO COMMENT
- 
- ☐
- COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
- 
- ☐
- NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Ray Hanley

14. TITLE:

Director, Division of Medical Services

15. DATE SUBMITTED:

September 11, 2001

16. RETURN TO:

Division of Medical Services  
P. O. Box 1437  
Little Rock, AR 72203-1437Attention: Binnie Alberius  
Slot 1103**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

09-19-2001

18. DATE APPROVED:

10-31-2001

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

12-01-2001

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

Calvin G. Cline

22. TITLE: Associate Regional Administrator  
Division of Medicaid and State Operations

23. REMARKS:

\* Pen &amp; Ink change per State's Ltr dated October 25, 2001



**DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services**

**Calvin G. Cline**

**Associate Regional Administrator, Medicaid and State Operations**

1301 Young Street, Room 827

Dallas, Texas 75202

Phone (214) 767-6301

Fax (214) 767-0270

October 31, 2001

Our Reference: SPA-AR-01-28

Mr. Ray Hanley, Director  
Division of Medical Services – Slot 1103  
Arkansas Department of Human Services  
Post Office Box 1437  
Little Rock, Arkansas 72203-1437

Dear Mr. Hanley:

We have enclosed a copy of HCFA-179, Transmittal Number 01-28, dated September 11, 2001. This amendment adds coverage for inpatient visits in acute care hospitals by board certified psychiatrists in the Rehabilitative Services for Persons with Mental Illness (RSPMI) Program.

We have approved the amendment for incorporation into the official Arkansas State Plan effective December 1, 2001. If you have any questions, please call Bill Brooks at (214) 767-4461.

Sincerely,

Calvin G. Cline  
Associate Regional Administrator  
Division of Medicaid and State Operations

Enclosure

cc: Elliott Weisman, CMSO



STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM  
STATE ARKANSAS

ATTACHMENT 3.1-A  
Page 6b

AMOUNT, DURATION AND SCOPE OF  
SERVICES PROVIDED

Revised: December 1, 2001

CATEGORICALLY NEEDY

13. Other diagnostic, screening, preventive and rehabilitative services, i.e., other than those provided elsewhere in this plan. (Continued)

d. Rehabilitative Services (Continued)

1. Rehabilitative Services for Persons with Mental Illness (RSPMI) - (Continued)

b. Acute Day Treatment \*

c. Restricted RSPMI Services

- Assessment-Reassessment and Plan of Care
- Crisis Stabilization Intervention\*
- On-Site Intervention\*
- Off-Site Intervention\*
- Rehabilitation Day Services\*

d. Other RSPMI Services

- Crisis Intervention
- Physical Examination
- Medication Maintenance by a Physician\*
- Periodic Review of Plan of Care
- Routine Venipuncture for Collection of Specimen
- Catheterization for Collection of Specimen
- Medication Administration by a Licensed Nurse
- Collateral Intervention
- Inpatient Visits in Acute Care Hospitals by Board Certified Psychiatrists

\* Effective April 1, 2000, these services require prior authorization for eligible Medicaid recipients age 21 and over to determine and verify the patient's need for services.

SUPERSEDES: TN- 99-27

STATE <u>Arkansas</u>	A
DATE REC'D <u>09-18-01</u>	
DATE APP'D <u>10-31-01</u>	
DATE EFF <u>12-01-01</u>	
HCFA 179 <u>AR-01-28</u>	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM  
STATE ARKANSAS

ATTACHMENT 3.1-B  
Page 5e

AMOUNT, DURATION AND SCOPE OF  
SERVICES PROVIDED

Revised:

December 1, 2001

MEDICALLY NEEDY

13. Other diagnostic, screening, preventive and rehabilitative services, i.e., other than those provided elsewhere in this plan. (Continued)

d. Rehabilitative Services (Continued)

1. Rehabilitative Services for Persons with Mental Illness (RSPMI) - (Continued)

b. Acute Day Treatment\*

c. Restricted RSPMI Services

- Assessment-Reassessment and Plan of Care
- Crisis Stabilization Intervention\*
- On-Site Intervention\*
- Off-Site Intervention\*
- Rehabilitation Day Services\*

d. Other RSPMI Services

- Crisis Intervention
- Physical Examination
- Medication Maintenance by a Physician\*
- Periodic Review of Plan of Care
- Routine Venipuncture for Collection of Specimen
- Catheterization for Collection of Specimen
- Medication Administration by a Licensed Nurse
- Collateral Intervention
- **Inpatient Visits in Acute Care Hospitals by Board Certified Psychiatrists**

\* Effective April 1, 2000, these services require prior authorization for eligible Medicaid recipients age 21 and over to determine and verify the patient's need for services.

SUPERSEDES: TN- 99-27

STATE	<u>Arkansas</u>	A
DATE REC'D	<u>09-18-01</u>	
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HCFA 179	<u>AR-01-28</u>	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM  
STATE ARKANSAS

ATTACHMENT 4.19-B  
Page 5aaa

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -  
OTHER TYPES OF CARE

Revised: December 1, 2001

12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist (Continued)

d. Eyeglasses

Negotiated statewide contract bid.

13. Other diagnostic, screening, preventive and rehabilitative services, i.e., other than those provided elsewhere in this plan. (Continued)

- a. Diagnostic Services - Not provided.  
b. Screening Services - Not provided.  
c. Preventive Services - Not provided.  
d. Rehabilitative Services

1. Rehabilitative Services for Persons with Mental Illness

Reimbursement is based on the lower of the amount billed or the Title XIX (Medicaid) maximum allowable.

The Title XIX maximum was established based on a survey by the Division of Mental Health of the usual and customary charges used by community based programs. Rates include the professional and administrative components.

For acute outpatient services and acute day treatment previously found in the Mental Health Clinic option, reimbursement is based on the lower of: (a) the provider's actual charge for the services or (b) the allowable fee from the State's fee schedule based on average cost. The average cost of each mental health service was calculated based on 1978 cost data. A 20 per cent inflation factor was applied to arrive at the "fee schedule" rate.

Effective April 1, 1988, reimbursement rates were increased 78% to reflect rates comparable to those charges found in the private sector for comparable mental health services. Effective July 1, 1991, a 20% increase was applied.

Effective for dates of service on or after December 1, 2001, reimbursement for inpatient visits in acute care hospitals by board certified psychiatrists is based on 66% of the physician's Blue Shield Fee Schedule dated October 1, 1993.

SUPERSEDES: TN- 99-26

STATE	<u>Arkansas</u>
DATE REC'D	<u>09-18-01</u>
DATE APP'D	<u>10-31-01</u>
DATE EFF	<u>12-01-01</u>
HCFA 179	<u>AR-01-28</u>

A